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SOURCE Meditsinskiy Rabotnik.DESCRIPTION AND CRITICISM OF THE USSR AMBULANCE SERVICE

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In the years since World War II, a truly gigantic reorganization of health services has been launched in the USSR. In connection with this reorganization, what has been done to improve the ambulance service? Unfortunately, the health departments have neglected this service in a number of cities, including Kazan', Ul'yansovsk, Yerevan, Arkhangel'sk, Barnaul, Cheboksary, and a number of others. Ambulance service stations are remembered only when there is a complaint.

According to decree No 870 and corresponding regulations, stations of the third and fourth categories are connected with hospitals and form subdivisions of these hospitals. Stations of the first and second categories, on the other hand, are independent institutions which work directly under the city health departments. Such stations are headed by a chief physician.

Unfortunately, some directors of health departments do not understand that the population evaluates the total health service of a city or rayon on the basis of the work done by the ambulance service. How else can one explain attempts by the Ufa and Novosibirsk health departments to abolish first and second class stations and to merge them with hospitals? The aim in these instances was to transfer the stations from well-suited housing to less suitable buildings. Special interference on the part of the Ministry of Public Health USSR was required to stop these efforts.

Some health departments do not make a sufficient effort to attach physicians to the stations on a permanent basis. At Chelyabinsk, Chapayevsk, Shumerlya, etc., the stations are still headed by physicians' assistants. Notwithstanding repeated directives from the Ministry of Public Health USSR, some health departments (Leningrad, Kazan', Serpukhovo) have not freed the ambulance service from the duty of transporting people suffering from infectious diseases.

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Many health departments do not take sufficient care to improve the qualifications of ambulance service physicians. While at Moscow, Leningrad, and Kiev there is improvement in that respect (ambulance service physicians work for several months at a hospital), nothing is being done at Orel, Izhevsk, Smolensk, and other cities to increase the clinical experience of ambulance station physicians. Nobody is concerned with providing the necessary supplies to ambulance service stations. The Main Administration of Supply of the Ministry of Public Health USSR does not receive from the health departments any requests whatever for special supplies for ambulance stations.

The importance of the ambulance service physician and the fact that he requires many-sided knowledge can hardly be underestimated. In the USSR, an ambulance physician is supposed to give complete medical aid on the spot, and not merely transport patients and injured people to a place where they can obtain that aid. In this respect, the USSR ambulance service differs in principle from that supplied abroad. In England, for instance, an ambulance physician is not required to have more than one year of practical experience. In the US, ambulance physicians have been eliminated altogether, because in their absence (i.e., without aid on the spot) the patient reaches the hospital sooner. In Stockholm, ambulance service is supplied by fire engines which alternately speed to a fire and, on returning from the fire transport sick or injured persons. Only in the USSR are working people entitled to free and immediate medical service of high quality.

In view of the important function of the ambulance service, what can be done to improve this service? First, the district service which renders medical aid at home must be organized better. Often ambulance service physicians answer ordinary calls which can be handled by district hospital physicians of the united organizations. This prevents ambulance physicians from handling more urgent calls on which a minute's delay may cost the patient's life. People take recourse to the ambulance service, because the medical service which supplies treatment at home is badly organized in some cities: the polyclinics cannot be reached by phone over the single busy line which is available, and calls are not accepted at all hours (for instance, at Voronezh no calls are accepted later than noon). This harmful practice must be stopped.

Another urgent task is to supply adequate means of transportation to the ambulance service. The health service authorities receive a sufficient number of motor cars, but these cars are not being used for the purpose for which they are intended. The oblast health departments assign cars to sanitariums, hospitals, and other medical institutions, while the ambulance service is neglected. Thus, at Kazan the Oblast Sanitation Epidemiological Station received two ambulance-type [literally, "sanitary"] automobiles which are being used for inspection tours and management needs. At the same time, the ambulance service station is forced to transport patients having infectious diseases with its inadequate means. At Astrakhan one may see many ambulance-type automobiles which bear the inscription "ambulance," although they have no connection whatever with the ambulance service and are not even used to transport patients.

The USSR health service has achieved the lowest death rate in the world in acute abdominal cases ("ostryy zhivot"). This achievement, which would be impossible under a capitalistic regime, is a result of the advantages inherent in the USSR socialistic health service. It is due to the high cultural level and experience of USSR surgeons, as well as to the existence of a well-organized ambulance service. In cities which have an adequate number of ambulances, deaths from this cause have been practically eliminated. This does not apply to acute abdominal cases only: in Moscow, where the ambulance service is rapid, deaths from traumatic shock have been sharply reduced.

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An ambulance physician needs special training and experience, because he sees patients under conditions which differ considerably from those encountered at dispensaries and polyclinics. The early symptoms differ from those observed later. Thus, all textbooks assert that with a perforated ulcer of the stomach, the abdomen is as hard as a board. However, ambulance physicians frequently see patients with a perforated ulcer who have a soft abdomen. The abdomen hardens later, in the reception room of the hospital.

An ambulance physician must be a specialist in many fields and above all a rapid diagnostician. Although he is not often called upon to perform surgical operations, he must be a good surgeon. To improve their experience, ambulance physicians should also act as hospital physicians during a part of the time or take 4 months off to work at a hospital.

It is necessary to create good and new manuals on first aid. Old manuals have become book collectors items and are out of date. There are good treatises on the subject written by physicians of the Moscow and Leningrad ambulance service stations, but this material has been published in various journals in a dispersed form. It seems to us that ambulance service institutes ought to undertake the writing of a manual, and that Medgiz (State Medical Press) should publish it.

As for interchange of experience, organization, and methods applied in ambulance service, the methods bureaus organized in conformance with the regulations of the Ministry of Public Health USSR will fulfill an important function.

In the 21 June 1951 issue of Meditainskiy Rabotnik, a summary of readers' comments on Puchkov's articles was published. In substance, all readers agree with Puchkov's complaints and criticism, but some of them offer slightly different suggestions.

V. Andrianovskiy, chief of the Podolsk Ambulance Service Station, regards the measures suggested by Puchkov for the advanced training of ambulance physicians as inadequate. He suggests unified procedures for that purpose and states that it would be a good idea to send provincial ambulance physicians to the best stations in Moscow, Leningrad, and Kiev for training. He also suggests special courses for ambulance physicians at good central medical institutes (this suggestion was also made by several other readers).

According to A. Gerner, chief of the Astrakhan' Ambulance Service Station, the Ministry of Public Health USSR has prescribed that ambulance physicians must have at least 3 years of experience, but the health departments do not observe this rule, and in Astrakhan' and elsewhere graduates just out of school are assigned to ambulance service. Another correspondent from Astrakhan' complains about the fact that ambulances in that city are used for various purposes for which they are not intended. He mentions in this connection that on receiving a telephone call from the health department, the Astrakhan' ambulance service provides bloodletting by cupping to anybody who may want this type of treatment. In the same city, the ambulance service also transports patients with infectious diseases.

Other letters state that at Dnepropetrovsk the Ministry of Public Health Ukrainian SSR does not furnish adequate supplies to the ambulance station, and that this station lacks medical supplies, ambulances, gasoline, and oil. Another complains that the Khar'kov station was recently supplied with three "Moskvich" automobiles, while automobiles of the ambulance type were withdrawn and transferred elsewhere.

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